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Fill in this information to identify the case:

Debtor name **Photo File LLC**United States Bankruptcy Court for the: **DISTRICT OF NEVADA**Case number (if known) **20-11619-abl** Check if this is an amended filing

Official Form 206Sum Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: **Summary of Assets**1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from Schedule A/B.....	\$ 0.00
1b. Total personal property: Copy line 91A from Schedule A/B.....	\$ 924,250.00
1c. Total of all property: Copy line 92 from Schedule A/B.....	\$ 924,250.00

Part 2: **Summary of Liabilities**2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of Schedule D..... \$ **0.00**3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of Schedule E/F.....	\$ 16,138.32
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F.....	+\$ 1,749,501.88

4. **Total liabilities**
Lines 2 + 3a + 3b\$ **1,765,640.20**

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Debtor name **Photo File LLC**United States Bankruptcy Court for the: **DISTRICT OF NEVADA**Case number (if known) **20-11619-abl** Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the Instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

 No. Go to Part 2. Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

3. Checking, savings, money market, or financial brokerage accounts (*Identify all*)
Name of institution (bank or brokerage firm) Type of account

Last 4 digits of account number

3.1. **Wells Fargo Bank (Photo File LLC)** **Checking** **1618** **\$34,000.00**4. Other cash equivalents (*Identify all*)

5. Total of Part 1.

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$34,000.00**Part 2: Deposits and Prepayments**

6. Does the debtor have any deposits or prepayments?

 No. Go to Part 3. Yes Fill in the information below.**Part 3: Accounts receivable**

10. Does the debtor have any accounts receivable?

 No. Go to Part 4. Yes Fill in the information below.

11. Accounts receivable

11a. 90 days old or less: **\$250,000.00** - **\$112,000.00** = **....** **\$138,000.00**
face amount doubtful or uncollectible accounts

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Debtor	Photo File LLC	Case number (if known)	20-11619-abl
		Name	

11a. 90 days old or less:	\$250,000.00	-	\$200,000.00	=	\$50,000.00
	face amount		doubtful or uncollectible accounts		

12. Total of Part 3.

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$188,000.00

Part 4: Investments**13. Does the debtor own any investments?**

No. Go to Part 5.
 Yes Fill in the information below.

14. Mutual funds or publicly traded stocks not included in Part 1
Name of fund or stock:**14.1. Scottstrade Account (Number unknown)**Valuation method used
for current valueCurrent value of
debtor's interest

Unknown

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture
Name of entity: % of ownership**16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**
Describe:**17. Total of Part 4.**

Add lines 14 through 16. Copy the total to line 83.

\$0.00

Part 5: Inventory, excluding agriculture assets**18. Does the debtor own any inventory (excluding agriculture assets)?**

No. Go to Part 6.
 Yes Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials				
20. Work in progress				
21. Finished goods, including goods held for resale Digital and paper photo archives				Est. \$475,000.00

22. Other inventory or supplies**23. Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

\$475,000.00

24. Is any of the property listed in Part 5 perishable?

No
 Yes

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Debtor	Photo File LLC	Case number (if known)	20-11619-abl
Name			

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

 No Yes. Book value _____

Valuation method _____

Current Value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

 No Yes _____

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

 No. Go to Part 7. Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

 No. Go to Part 8. Yes Fill in the information below.

General description

Net book value of
debtor's interest
(Where available)Valuation method used
for current valueCurrent value of
debtor's interest

39. **Office furniture
Office Furniture**

Est. \$10,000.0040. **Office fixtures**

41. **Office equipment, including all computer equipment and
communication systems equipment and software
Office equipment**

Est. \$125,000.00

42. **Collectibles Examples:** Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$135,000.00

44. Is a depreciation schedule available for any of the property listed in Part 7?

 No Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

 No Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

 No. Go to Part 9. Yes Fill in the information below.

General description

Include year, make, model, and identification numbers
(i.e., VIN, HIN, or N-number)Net book value of
debtor's interest
(Where available)Valuation method used
for current valueCurrent value of
debtor's interest

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Debtor	<u>Photo File LLC</u>	Case number (if known)	<u>20-11619-abl</u>
Name			

47.	Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
48.	Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
49.	Aircraft and accessories			
50.	Other machinery, fixtures, and equipment (excluding farm machinery and equipment)			
	Pallet Jack	\$0.00	Liquidation	\$250.00
	Fork Lift	\$0.00	Liquidation	\$2,000.00

51. **Total of Part 8.** \$2,250.00
 Add lines 47 through 50. Copy the total to line 87.

52. Is a depreciation schedule available for any of the property listed in Part 8?
 No
 Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?
 No
 Yes

Part 9: Real property

54. Does the debtor own or lease any real property?

No. Go to Part 10.
 Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

No. Go to Part 11.
 Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
---------------------	---	---	------------------------------------

60.	Patents, copyrights, trademarks, and trade secrets		
61.	Internet domain names and websites Internet websites		<u>Est. \$40,000.00</u>
62.	Licenses, franchises, and royalties		
63.	Customer lists, mailing lists, or other compilations Customer List		<u>Est. \$25,000.00</u>
64.	Other intangibles, or intellectual property Other Intangibles		<u>Est. \$25,000.00</u>

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Debtor **Photo File LLC** Case number (*If known*) **20-11619-abl**
 Name _____

65. **Goodwill**66. **Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

\$90,000.00

67. **Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?** No Yes68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?** No Yes69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?** No Yes**Part 11: All other assets**70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

 No. Go to Part 12. Yes Fill in the information below.**Current value of
debtor's interest**71. **Notes receivable**

Description (include name of obligor)

72. **Tax refunds and unused net operating losses (NOLs)**

Description (for example, federal, state, local)

73. **Interests in insurance policies or annuities**74. **Causes of action against third parties (whether or not a lawsuit has been filed)**75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**76. **Trusts, equitable or future interests in property**77. **Other property of any kind not already listed Examples: Season tickets, country club membership****Storage Unit, 333 N. Bedford Road, Mt. Kisko , NY 10549
(all Photo File archives)****Unknown**78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$0.00

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?** No Yes

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Debtor Photo File LLC
NameCase number (if known) 20-11619-abl**Part 12: Summary****In Part 12 copy all of the totals from the earlier parts of the form**

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$34,000.00	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$0.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$188,000.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$475,000.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$135,000.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$2,250.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$90,000.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$0.00	
91. Total. Add lines 80 through 90 for each column	\$924,250.00	+ 91b. \$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$924,250.00

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Fill in this information to identify the case:

Debtor name Photo File LLCUnited States Bankruptcy Court for the: DISTRICT OF NEVADACase number (if known) 20-11619-abl Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.

Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

2.1 **Fuji Hunt Photographic Chemicals, Inc.**

Creditor's Name

**40 Boroline Road
Allendale, NJ 07401**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

 No Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Rockwell Hitec Mini Mixer (RHMC4/3S/3S/2S)**Column A****Amount of claim**

Do not deduct the value of collateral.

Unknown**Column B**

Value of collateral that supports this claim

Unknown

Describe the lien

UCC-1 Financing Statement

Is the creditor an insider or related party?

 No Yes

Is anyone else liable on this claim?

 No Yes. Fill out Schedule H: Codebtors (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

 Contingent Unliquidated Disputed2.2 **LSQ Funding Group, L.C.**

Creditor's Name

**2600 Lucien Way, Suite 100
Maitland, FL 32751**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

Unknown**Unknown**

Describe debtor's property that is subject to a lien

All personal property assets

Describe the lien

UCC-1 Financing Statement

Is the creditor an insider or related party?

 No Yes

Is anyone else liable on this claim?

 No Yes. Fill out Schedule H: Codebtors (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

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Debtor Photo File LLC Name	Case number (if known) 20-11619-abl			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
<hr/>				
2.3 Porter Capital Corporation <small>Creditor's Name</small> 2112 1st Avenue North Birmingham, AL 35203 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred Last 4 digits of account number	<small>Describe debtor's property that is subject to a lien</small> All personal property assets <small>Describe the lien</small> UCC-1 Financing Statement <small>Is the creditor an insider or related party?</small> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>Is anyone else liable on this claim?</small> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	Unknown	Unknown	
<hr/> <small>Do multiple creditors have an interest in the same property?</small> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	<small>As of the petition filing date, the claim is:</small> <small>Check all that apply</small> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
<hr/>				
2.4 Xerox Corporation <small>Creditor's Name</small> PO Box 827598 Philadelphia, PA 19182-7598 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred Last 4 digits of account number	<small>Describe debtor's property that is subject to a lien</small> (1) Xerox XC550V <small>Describe the lien</small> UCC-1 Financing Statement <small>Is the creditor an insider or related party?</small> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>Is anyone else liable on this claim?</small> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	Unknown	Unknown	
<hr/> <small>Do multiple creditors have an interest in the same property?</small> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	<small>As of the petition filing date, the claim is:</small> <small>Check all that apply</small> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			

3. Total of the dollar amounts from Part 1, Column A, Including the amounts from the Additional Page, if any. **\$0.00**

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

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Debtor name **Photo File LLC**United States Bankruptcy Court for the: **DISTRICT OF NEVADA**Case number (if known) **20-11619-abl** Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.
 Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address Andrew Aronstein 1879 Crompond Road, Apt. E13 Peekskill, NY 10566	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$251.36 \$251.36
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2	Priority creditor's name and mailing address Bryan Reilly 80 Columbia Ave Hartsdale, NY 10530	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$899.35 \$899.35
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Debtor	Photo File LLC Name	Case number (if known)	20-11619-abl
2.3	Priority creditor's name and mailing address Charles Singer 93 Brundage Ridge Road Bedford, NY 10506	As of the petition filing date, he claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$347.12 \$347.12
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.4	Priority creditor's name and mailing address Daniel Smiraglia 50 Barholm Ave. Stamford, CT 06907	As of the petition filing date, he claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$264.14 \$264.14
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.5	Priority creditor's name and mailing address Derek Robertson 15 Bruce Lane Rock Tavern, NY 12575	As of the petition filing date, he claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$229.72 \$229.72
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.6	Priority creditor's name and mailing address Internal Revenue Service P.O. Box 932100 Louisville, KY 40293	As of the petition filing date, he claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,000.00 \$3,000.00
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Debtor	Photo File LLC Name	Case number (if known)	20-11619-abl
2.7	Priority creditor's name and mailing address Joanne Martin 72 Moseman Road Yorktown Heights, NY 10598	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$333.01 \$333.01
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.8	Priority creditor's name and mailing address Jonas Karlsson 203 Bedford Center Road Bedford Hills, NY 10507	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$238.88 \$238.88
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.9	Priority creditor's name and mailing address Jonathan Baer 2002 Albany Post Road, Apt. A Croton on Hudson, NY 10520	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$399.09 \$399.09
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.10	Priority creditor's name and mailing address Lloyd Haymes 18 Norwood Terrance Millburn, NJ 07041	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$374.99 \$374.99
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Debtor	Photo File LLC Name	Case number (if known)	20-11619-abl
2.11	Priority creditor's name and mailing address Marcy Whitney 42 Beaumont Circle, Apt. 4 Yonkers, NY 10710	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$262.33 \$262.33
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.12	Priority creditor's name and mailing address Melva A. Caracundo 16 FairviewPlace Ossining, NY 10562	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$314.48 \$314.48
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.13	Priority creditor's name and mailing address PBGC 1200 K St NW Washington, DC 20005	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.14	Priority creditor's name and mailing address Rigoberto Chavarria 14 Winesap Lane Wappingers Falls, NY 12590	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$450.77 \$450.77
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Debtor	Photo File LLC Name	Case number (if known)	20-11619-abl
2.15	Priority creditor's name and mailing address Robert S Bakay 21 April Drive New Milford, CT 06776	As of the petition filing date, he claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$384.38 \$384.38
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.16	Priority creditor's name and mailing address Steven D. Samagaio 5 Parkview Ave E. West Harrison, NY 10604	As of the petition filing date, he claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$175.16 \$175.16
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.17	Priority creditor's name and mailing address Thomas W. Weiner 1166 Lenape Way Scotch Plains, NJ 07076	As of the petition filing date, he claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$558.80 \$558.80
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.18	Priority creditor's name and mailing address Todd R. Eizikowitz 22 E. Heritage Drive New City, NY 10956	As of the petition filing date, he claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$323.03 \$323.03
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Debtor	Photo File LLC	Case number (if known)	20-11619-abl
Name			
2.19	Priority creditor's name and mailing address Yogeeta Kapoor 19 Rosemary Court Yorktown Heights, NY 10598	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$331.71 \$331.71
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.20	Priority creditor's name and mailing address York International Agency, LLC 500 Mamaroneck Ave., Suite 220 Harrison, NY 10528	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$7,000.00 \$7,000.00
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Part 2: List All Creditors with NONPRIORITY Unsecured Claims			
3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.			
			Amount of claim
3.1	Nonpriority creditor's name and mailing address Adecco Employment Services PO Box 371084 Pittsburgh, PA 15250-7084	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$8,796.37
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Date(s) debt was incurred _		Basis for the claim: _	
Last 4 digits of account number _		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.2	Nonpriority creditor's name and mailing address Aikman Enterprises WME c/o Jordan Bazant 11 Madison Ave., 18th Flr New York, NY 10010	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$332.54
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Date(s) debt was incurred _		Basis for the claim: _	
Last 4 digits of account number _		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.3	Nonpriority creditor's name and mailing address Alan Trammell c/o S. Gary Spicer 16845 Kercheval - Suite 5 Grosse Pointe, MI 48230	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$131.98
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Date(s) debt was incurred _		Basis for the claim: _	
Last 4 digits of account number _		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Debtor	Photo File LLC Name	Case number (if known)	20-11619-abl
3.4	Nonpriority creditor's name and mailing address Albert W. Kaline 3613 York Ct. Bloomfield Hills, MI 48301 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$138.54
3.5	Nonpriority creditor's name and mailing address All Door & Garage Inc. 17 Nepperhan Avenue Elmsford, NY 10523 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$807.40
3.6	Nonpriority creditor's name and mailing address All Time Detection 28 Willett Ave. Port Chester, NY 10573 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.7	Nonpriority creditor's name and mailing address Andre D. Reed 1058 America Way Del Mar, CA 92014 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$98.87
3.8	Nonpriority creditor's name and mailing address Art Materials Services, Inc. 625 Joyce Kilmer Ave New Brunswick, NJ 08901 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$677.15
3.9	Nonpriority creditor's name and mailing address Associated Press PO Box 414212 Boston, MA 02241-4212 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,350.00
3.10	Nonpriority creditor's name and mailing address Atlas Saw & Tool, LLC 7801 Industrial Court, Suite B Spring Grove, IL 60081 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42.81

Debtor	Photo File LLC Name	Case number (if known)	20-11619-abl
3.11	Nonpriority creditor's name and mailing address Authentic Hendrix LLC Attn: Amanda Howell 14501 Interurban Ave. South Seattle, WA 98168 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$241.75
3.12	Nonpriority creditor's name and mailing address Banghart-Corin & Associates Attn: Al Karo PO Box 123 Point Lookout, NY 11569-0123 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,020.00
3.13	Nonpriority creditor's name and mailing address Benenati Coffee Company 557 South Fulton Ave Mount Vernon, NY 10550 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$195.11
3.14	Nonpriority creditor's name and mailing address Bert Byleven 1501 McGregor Reserve Drive Fort Myers, FL 33901-9658 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$101.36
3.15	Nonpriority creditor's name and mailing address Big Sky, Inc. c/o Michael Bertolini 526 Yetman Avenue Staten Island, NY 10307-1824 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$564.74
3.16	Nonpriority creditor's name and mailing address Bob Lilly 104 Aster Circle Georgetown, TX 78628 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$223.53
3.17	Nonpriority creditor's name and mailing address Breathing Color, Inc. 301 W. Howard Lane, Suite 300 Austin, TX 78753 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,292.00

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Debtor	Photo File LLC Name	Case number (if known)	20-11619-abl
3.18	Nonpriority creditor's name and mailing address BREVETTAR, LLC. 5830 El Camino Real Carlsbad, CA 92008 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,071.49
3.19	Nonpriority creditor's name and mailing address Calumet Carton Company PO Box 405 South Holland, IL 60473 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$926.31
3.20	Nonpriority creditor's name and mailing address Cam Neely Blue Sky Sports & Ent. LLC 150 Washington Street Norwell, MA 02061 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$126.32
3.21	Nonpriority creditor's name and mailing address Canadian Hockey Association c/o House of Sport RA Centre 2451 Promenade Riverside Drive Ottawa, ON K1H7X7 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.66
3.22	Nonpriority creditor's name and mailing address Carl Yastrzemski c/o Dick Gordon 99 River Oaks Circle Pikesville, MD 21208 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$164.86
3.23	Nonpriority creditor's name and mailing address Carlton Fisk 18705 63rd Avenue E Bradenton, FL 34211 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$122.36
3.24	Nonpriority creditor's name and mailing address Cathi Brody 604 Seven Fields Lane Brewster, NY 10509 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$921.67

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Debtor	Photo File LLC	Case number (if known)	20-11619-abl
Name			
3.25 Nonpriority creditor's name and mailing address CenturyLink PO Box 4300 Carol Stream, IL 60197-4300		As of the petition filing date, the claim is: Check all that apply.	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Date(s) debt was incurred _____		Basis for the claim: _____	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.26 Nonpriority creditor's name and mailing address CHEP 15226 Collections Center Drive Chicago, IL 60693		As of the petition filing date, the claim is: Check all that apply.	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Date(s) debt was incurred _____		Basis for the claim: _____	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.27 Nonpriority creditor's name and mailing address Chipper Jones % B.B. Abbott Jet Sports Management 5136 West San Jose Street Tampa, FL 33629		As of the petition filing date, the claim is: Check all that apply.	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Date(s) debt was incurred _____		Basis for the claim: _____	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.28 Nonpriority creditor's name and mailing address Chubb PO Box 382001 Pittsburgh, PA 15250-8001		As of the petition filing date, the claim is: Check all that apply.	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Date(s) debt was incurred _____		Basis for the claim: _____	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.29 Nonpriority creditor's name and mailing address City Carting & Recycling PO Box 17250 Stamford, CT 06907-7250		As of the petition filing date, the claim is: Check all that apply.	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Date(s) debt was incurred _____		Basis for the claim: _____	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.30 Nonpriority creditor's name and mailing address City Carting and Recycling 8 Viaduct Road Stamford, CT 06907		As of the petition filing date, the claim is: Check all that apply.	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Date(s) debt was incurred _____		Basis for the claim: _____	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.31 Nonpriority creditor's name and mailing address Clearbags.Com 4949 Windplay Drive, # 100 El Dorado Hills, CA 95762		As of the petition filing date, the claim is: Check all that apply.	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Date(s) debt was incurred _____		Basis for the claim: _____	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Debtor	Photo File LLC Name	Case number (if known)	20-11619-abl
3.32	Nonpriority creditor's name and mailing address Commerce Technologies, LLC 25736 Network Place Chicago, IL 60673-1257 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$454.20
3.33	Nonpriority creditor's name and mailing address Commissioner of Taxation & Finance NYS Assessment Receivables PO Box 4127 Binghamton, NY 13902-4127 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$127.37
3.34	Nonpriority creditor's name and mailing address Con Edison 4 Irving Place Rm 1875 New York, NY 10003 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown
3.35	Nonpriority creditor's name and mailing address Craft Inc. PO Box 3049 Attleboro, MA 02703-0912 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,371.60
3.36	Nonpriority creditor's name and mailing address Crown Equipment Corporation PO Box 641173 Cincinnati, OH 45264-1173 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,835.35
3.37	Nonpriority creditor's name and mailing address Cup-A-Jo Coffee Solutions 382 Route 59, Suite 324 Monsey, NY 10952 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$142.51
3.38	Nonpriority creditor's name and mailing address CyberSource Corporation PO BOX 742842 Los Angeles, CA 90074 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$598.00

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Debtor	Photo File LLC Name	Case number (if known)	20-11619-abl
3.39	Nonpriority creditor's name and mailing address CyberSource Corporation 900 Metro Center Blvd. San Mateo, CA 94404 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.40	Nonpriority creditor's name and mailing address Danimal, Inc. 9191 Falling Waters Willowbrook, IL 60527 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$135.65
3.41	Nonpriority creditor's name and mailing address Dave Robinson 406 South Rose Blvd. Akron, OH 44320-1308 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$99.12
3.42	Nonpriority creditor's name and mailing address De Lage Landen Financial Services PO Box 41602 Philadelphia, PA 19101-1602 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.82
3.43	Nonpriority creditor's name and mailing address Decor Moulding & Supply 300 Wireless Blvd. Hauppauge, NY 11788 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,481.88
3.44	Nonpriority creditor's name and mailing address Diamond Solar IV c/o Diamond Properties 333 N. Bedford Road Mount Kisco, NY 10549 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,724.56
3.45	Nonpriority creditor's name and mailing address Dicentral Corporation 1199 Nasa Parkway, Suite 101 Houston, TX 77058 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,677.84

Debtor	Photo File LLC	Case number (if known)	20-11619-abl
	Name		
3.46	Nonpriority creditor's name and mailing address Don Larsen P.O. Box 2863 Hayden, ID 83835	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$115.08
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.47	Nonpriority creditor's name and mailing address Don Mar Frame & Moulding 862 Waterman Avenue East Providence, RI 02914	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,256.77
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.48	Nonpriority creditor's name and mailing address DP21,LLC fbo Natixis RE Capital Inc. 12 South Bedford Road Mount Kisco, NY 10549	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$634,596.69
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number <u>2026</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.49	Nonpriority creditor's name and mailing address Drew Bledsoe 61961 Ballantree Ct. Bend, OR 97702	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$225.40
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.50	Nonpriority creditor's name and mailing address Durst Image Technology US, LLC c/o Roger Burns 50 Methodist Hill Drive, Suite 100 Rochester, NY 14623	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$8,072.44
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.51	Nonpriority creditor's name and mailing address Dynamic Express, Inc 2501 71st St. North Bergen, NJ 07047	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$152.50
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.52	Nonpriority creditor's name and mailing address EB Employee Solutions, LLC The Difference Card Box 791293 Baltimore, MD 21279-1293	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$5,910.75
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Photo File LLC Name	Case number (if known)	20-11619-abl
3.53	Nonpriority creditor's name and mailing address Ed Jones One Lost Valley Dallas, TX 75234	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$107.51
	Date(s) debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.54	Nonpriority creditor's name and mailing address Edgar Martinez PO Box 53490 Bellevue, WA 98005-3490	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$169.16
	Date(s) debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.55	Nonpriority creditor's name and mailing address Edward Scott Yates ESY Marketing 96 Whalepond Road Oakhurst, NJ 07755	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$113.73
	Date(s) debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.56	Nonpriority creditor's name and mailing address Elite Service Group c/o Robert Sheppard 40 West 27th Street, 6th Floor New York, NY 10001	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$21,723.06
	Date(s) debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.57	Nonpriority creditor's name and mailing address Fanatics, Inc. 8100 Nations Way Jacksonville, FL 32256	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$111,000.00
	Date(s) debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.58	Nonpriority creditor's name and mailing address Favre Enterprises, Inc. #1 Willow Bend Drive Hattiesburg, MS 39402	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$323.50
	Date(s) debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.59	Nonpriority creditor's name and mailing address FedEx P.O. Box 94515 Palatine, IL 60094-4515	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$19,929.25
	Date(s) debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Debtor	Photo File LLC Name	Case number (if known)	20-11619-abl
3.60	Nonpriority creditor's name and mailing address FedEx PO Box 371461 Pittsburgh, PA 15250-7461	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,911.63
	Date(s) debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.61	Nonpriority creditor's name and mailing address FedEx Custom Critical P.O. Box 645123 Pittsburgh, PA 15264-5123	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,619.50
	Date(s) debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.62	Nonpriority creditor's name and mailing address Fedex Freight PO Box 223125 Pittsburgh, PA 15251-2125	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,106.12
	Date(s) debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.63	Nonpriority creditor's name and mailing address Fenigstein & Kaufman 1900 Avenue of the Stars, Suite 2300 Los Angeles, CA 90067-4314	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,003.03
	Date(s) debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.64	Nonpriority creditor's name and mailing address Fermata Partners c/o Jana Franz PO BOX 7400-8946 Chicago, IL 60674-8946	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,533.37
	Date(s) debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.65	Nonpriority creditor's name and mailing address Fiber Char Corporation PO Box 307 Alpena, MI 49707-0307	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,620.10
	Date(s) debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.66	Nonpriority creditor's name and mailing address Fifth Quarter Sports Marketing 525 Hawthorn Ct Cottage Grove, WI 53527	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$153.01
	Date(s) debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Debtor	Photo File LLC	Case number (if known)	20-11619-abl
3.67	Nonpriority creditor's name and mailing address FIOS 1095 Avenue of the Americas New York, NY 10036 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown
3.68	Nonpriority creditor's name and mailing address Flech Paper Products, Inc. c/o Stephen Echikson 55 First Avenue Paterson, NJ 07514 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,395.59
3.69	Nonpriority creditor's name and mailing address Fortuna Services LLC 2819 Algonquin Drive Youngstown, OH 44514 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$7,000.00
3.70	Nonpriority creditor's name and mailing address Framerica 2 Todd Court Yaphank, NY 11980 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$13,874.45
3.71	Nonpriority creditor's name and mailing address Franco Harris c/o Andrew Ree 900 Scales Road Suwanee, GA 30024 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$106.51
3.72	Nonpriority creditor's name and mailing address Fritz Martin Management 8550 W. Charleston Blvd. # 102 Las Vegas, NV 89117 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$163.79
3.73	Nonpriority creditor's name and mailing address Fritz Martin Management LLC 8550 W. Charleston Blvd. Suite 102 / PMB#335 Las Vegas, NV 89117 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$144.44

Debtor	Photo File LLC Name	Case number (if known)	20-11619-abl
3.74	Nonpriority creditor's name and mailing address Fritz Martin Mgmt PMB 325 8550 W.Charleston Blvd., Suite 102 Las Vegas, NV 89145 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$108.21
3.75	Nonpriority creditor's name and mailing address Fuji Hunt Photographic Chemicals, Inc. 40 Boroline Road Allendale, NJ 07401 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.76	Nonpriority creditor's name and mailing address Fujifilm North America Corp. c/o Brandon Remler Box 200232 Pittsburgh, PA 15251-0232 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,480.62
3.77	Nonpriority creditor's name and mailing address Gale Sayers 2341 Hot Brook Point St. Las Vegas, NV 89134-5511 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$106.19
3.78	Nonpriority creditor's name and mailing address Gale Sayers 1313 Ritchie Ct., #407 Chicago, IL 60610 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$106.19
3.79	Nonpriority creditor's name and mailing address Gerald Cheevers 106 Appleton Street North Andover, MA 01845-3138 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$103.58
3.80	Nonpriority creditor's name and mailing address Getty Images, Inc. PO Box 953604 Saint Louis, MO 63195-3604 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45,825.29

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Debtor	Photo File LLC Name	Case number (if known)	20-11619-abl
3.81	Nonpriority creditor's name and mailing address Gino Cappelletti 19 Louis Drive Wellesley Hills, MA 02481 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$105.65
3.82	Nonpriority creditor's name and mailing address Global Industrial 11 Harbor Park Drive Port Washington, NY 11050 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$131.90
3.83	Nonpriority creditor's name and mailing address Gotham Distributing Company c/o Anthony Di Vito III 60 Portland Road Conshohocken, PA 19428 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,910.04
3.84	Nonpriority creditor's name and mailing address Great North Road America 11443 S.E. Plandome Drive Hobe Sound, FL 33455 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$121.81
3.85	Nonpriority creditor's name and mailing address GREEN BAY PACKERS Accounts Payable Dept. 1265 LOMBARDI AVE Green Bay, WI 54304 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$205.12
3.86	Nonpriority creditor's name and mailing address GXS, Inc. 29144 Network Place Chicago, IL 60673-1291 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,437.37
3.87	Nonpriority creditor's name and mailing address Hines Ward Enterprises, Inc. 900 Scales Road Sewanee, GA 30024 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$191.03

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Debtor	Photo File LLC Name	Case number (if known)	20-11619-abl
3.88	Nonpriority creditor's name and mailing address IMG College Licensing, LLC Attn: Royalty Operations 1075 Peachtree Street, suite 3300 Atlanta, GA 30309 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,001.54
3.89	Nonpriority creditor's name and mailing address Inkredible, Inc. 1728 Yale Rd. Merrick, NY 11566 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,988.20
3.90	Nonpriority creditor's name and mailing address Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101-7346 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50,170.98
3.91	Nonpriority creditor's name and mailing address IT Supplies Inc 2100 Golf Road, Suite 230 Rolling Meadows, IL 60008 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,600.85
3.92	Nonpriority creditor's name and mailing address Jack Youngblood 4377 Steed Terrace Winter Park, FL 32792-7630 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$118.35
3.93	Nonpriority creditor's name and mailing address JAF Station c/o Con Edison P.O. Box 1701 New York, NY 10116-1701 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,231.14
3.94	Nonpriority creditor's name and mailing address JDS Industries, Inc. PO Box 84806 Sioux Falls, SD 57118-4806 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,106.47

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Debtor	Photo File LLC Name	Case number (if known)	20-11619-abl
3.95	Nonpriority creditor's name and mailing address Jerome Bettis Enterprises 512 North Main St Royal Oak, MI 48067 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$226.39
3.96	Nonpriority creditor's name and mailing address Jerry Koopsman 2483 State Road 35 Osceola, WI 54020 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$108.89
3.97	Nonpriority creditor's name and mailing address Jerry Rice 128 S. First Street Campbell, CA 95008 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$426.76
3.98	Nonpriority creditor's name and mailing address Jim Kelly Inc. 8207 Main Street, Suite 1 Buffalo, NY 14221-6060 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$127.96
3.99	Nonpriority creditor's name and mailing address Jim Plunkett 51 Kilroy Way Atherton, CA 94027 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$109.89
3.100	Nonpriority creditor's name and mailing address JNWK, Inc. 1329 West FM 917 Joshua, TX 76058 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.59
3.101	Nonpriority creditor's name and mailing address Joe Carter 3000 W. 117th Leawood, KS 66211 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$122.84

Debtor	Photo File LLC Name	Case number (if known)	20-11619-abl
3.102	Nonpriority creditor's name and mailing address Joe Greene 5109 Lippizaner Drive Flower Mound, TX 75028	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$106.19
	Date(s) debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.103	Nonpriority creditor's name and mailing address John H. Lambert 318 Gaiser Road Worthington, PA 16262-9115	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$238.57
	Date(s) debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.104	Nonpriority creditor's name and mailing address John M. Rivers 350 N.W. 48th. Street Miami, FL 33127	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$188.81
	Date(s) debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.105	Nonpriority creditor's name and mailing address Johnny Bench 3899 Ridgedale Drive Cincinnati, OH 45247	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$114.20
	Date(s) debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.106	Nonpriority creditor's name and mailing address JP McHale Pest Management, Inc. PO Box 98 Montrose, NY 10548-0098	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$465.14
	Date(s) debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.107	Nonpriority creditor's name and mailing address JRT Associates 21495 Ridgetop Circle, #304A Sterling, VA 20166	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$108.82
	Date(s) debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.108	Nonpriority creditor's name and mailing address JSY Enterprises 1950 University Ave., Ste. 350 Palo Alto, CA 94303	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$117.54
	Date(s) debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Photo File LLC Name	Case number (if known)	20-11619-abl
3.109	Nonpriority creditor's name and mailing address Keith Hernandez c/o Mead Chaskey Sports Ent. 70-20 108 Street, Suite 2-K Forest Hills, NY 11375 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$115.39
3.110	Nonpriority creditor's name and mailing address Ken Griffey, Jr. c/o Brian Goldberg, Esq. 312 Walnut St., Suite 1151 Cincinnati, OH 45202 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$216.03
3.111	Nonpriority creditor's name and mailing address Klick Sports Promotions/Events 8190 SW 28th Street Fort Lauderdale, FL 33328 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$119.77
3.112	Nonpriority creditor's name and mailing address KOBE FAMILY ENTERTAINMENT c/o Andrea Fairchild 341 Bayside; Suite 4 Newport Beach, CA 92660 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,161.51
3.113	Nonpriority creditor's name and mailing address Las Vegas Valley Water District 1001 S. Valley View Blvd. Las Vegas, NV 89153 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.114	Nonpriority creditor's name and mailing address Le Grenier D'Art (1987) Inc. 9205 Boul. Taschereau Brossard, QC J4Y3B8 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,591.37
3.115	Nonpriority creditor's name and mailing address LEARFIELD LICENSING PARTNERS 442 Century Lane, Suite 100 Holland, MI 49423 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2.55

Debtor	Photo File LLC Name	Case number (if known)	20-11619-abl
3.116	Nonpriority creditor's name and mailing address Lee Smith c/o Jerry Rooney 668 Providence Court Crystal Lake, IL 60012 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$118.63
3.117	Nonpriority creditor's name and mailing address Leone Star Services, Inc. c/o Larry Bird 7765 Lake Worth Road, #310 Lake Worth, FL 33467 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$313.27
3.118	Nonpriority creditor's name and mailing address LexJet PO Box 538577 Atlanta, GA 30353-8577 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,996.00
3.119	Nonpriority creditor's name and mailing address Lindenmeyr Munroe PO Box 416207 Boston, MA 02241-6207 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,782.63
3.120	Nonpriority creditor's name and mailing address Lion Order 52 Event LLC c/o Ashley Decker 2 Railroad Ave., #52 Glyndon, MD 21071 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$224.60
3.121	Nonpriority creditor's name and mailing address LSQ Funding Group, L.C. 2600 Lucien Way, Suite 100 Maitland, FL 32751 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.122	Nonpriority creditor's name and mailing address Luminary Group LLC 2150 Intelliplex Drive, Suite 100 Shelbyville, IN 46176 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$343.54

Debtor	Photo File LLC	Case number (if known)	20-11619-abl
	Name _____		
3.123	Nonpriority creditor's name and mailing address Major League Baseball Properties Attn: Royalty Dept 245 Park Avenue, 34th flr New York, NY 10167 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply.	\$78,764.35
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.124	Nonpriority creditor's name and mailing address Manny Flores 3912 Johnson Street Frisco, TX 75034 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply.	\$1,207.79
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.125	Nonpriority creditor's name and mailing address Mantle I.P Holdings, Ltd. Attn: Danny Mantle 5012 Kirkland Court Plano, TX 75093 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply.	\$398.34
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.126	Nonpriority creditor's name and mailing address Marvel Brands, LLC 500 South Buena Park Vista Street Burbank, CA 91521 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply.	\$79.36
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.127	Nonpriority creditor's name and mailing address Mead Chasky Sports Enterprises, Inc. 70-20 108th Street, #2-K Forest Hills, NY 11375 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply.	\$107.53
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.128	Nonpriority creditor's name and mailing address Messier Management-Aldo Esposito 167 Summer Street Andover, MA 01810 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply.	\$114.45
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.129	Nonpriority creditor's name and mailing address Mike Mussina WMG LLC; Attn: M. Meehan 10960 Wilshire Blvd, Suite 2200 Los Angeles, CA 90064 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply.	\$280.84
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name	Case number (if known)	
Photo File LLC	20-11619-abl	
3.130 Nonpriority creditor's name and mailing address MLB Advanced Media L.P P.O. Box 412585 Boston, MA 02241-2585	As of the petition filing date, the claim is: Check all that apply.	\$78,764.35
Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.131 Nonpriority creditor's name and mailing address National Basketball Players Association 677 Washington Blvd Stamford, CT 06901	As of the petition filing date, the claim is: Check all that apply.	\$29,776.11
Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.132 Nonpriority creditor's name and mailing address National Football League Players 1133 20th Street NW Suite 500 (NFL Gala) Washington, DC 20036	As of the petition filing date, the claim is: Check all that apply.	\$15,325.56
Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.133 Nonpriority creditor's name and mailing address National Hockey League Players Assn 10 Bay Street, Suite 1200 Toronto, ON M5J2S3	As of the petition filing date, the claim is: Check all that apply.	\$27,236.08
Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.134 Nonpriority creditor's name and mailing address NBA Properties, Inc. Attn: Royalty Department P.O. Box 10602 Newark, NJ 07193-0602	As of the petition filing date, the claim is: Check all that apply.	\$71,227.33
Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.135 Nonpriority creditor's name and mailing address Neal Broten N8216 690th. Street River Falls, WI 54022	As of the petition filing date, the claim is: Check all that apply.	\$132.86
Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.136 Nonpriority creditor's name and mailing address New Pig Corporation One Pork Avenue Tipton, PA 16684-0304	As of the petition filing date, the claim is: Check all that apply.	\$125.63
Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Photo File LLC Name	Case number (if known)	20-11619-abl
3.137	Nonpriority creditor's name and mailing address NFL International, LLC. Ltd. GPO PO BOX 27278 New York, NY 10087-7278 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$578.92
3.138	Nonpriority creditor's name and mailing address NFL Properties LLC GPO P. O. Box 27278 New York, NY 10087-7278 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43,673.95
3.139	Nonpriority creditor's name and mailing address NHL Enterprises L.P. Attn: Jody Wong 50 Bay Street, 11th Floor Toronto, ON M5J2Z8 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,461.25
3.140	Nonpriority creditor's name and mailing address Nielsen Bainbridge LLC PO Box 207252 Dallas, TX 75320-7252 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,681.00
3.141	Nonpriority creditor's name and mailing address Northern Safety Co., Inc. PO Box 4250 Monroe Bridge, MA 01350-4000 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$269.31
3.142	Nonpriority creditor's name and mailing address NV Energy 6226 W. Sahara Ave. Las Vegas, NV 89146 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.143	Nonpriority creditor's name and mailing address Omega Moulding 1 Saw Grass Drive Bellport, NY 11713 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$453.17

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Debtor	Photo File LLC Name	Case number (if known)	20-11619-abl
3.144	Nonpriority creditor's name and mailing address On Time Supply 405 Spook Rock Road Suffern, NY 10901 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$78.00
3.145	Nonpriority creditor's name and mailing address Online Labels, Inc. 2021 E. Lake Mary Blvd. Sanford, FL 32773 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$241.20
3.146	Nonpriority creditor's name and mailing address Opentext, Inc. 300 South Wacker Drive Suite 1100 Chicago, IL 60606 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$149.56
3.147	Nonpriority creditor's name and mailing address OpSec Security, Inc. Kim Price - Acctng P. O. Box 10155 Lancaster, PA 17605-0155 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,479.60
3.148	Nonpriority creditor's name and mailing address Optimum PO Box 742698 Cincinnati, OH 45274-2698 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$472.31
3.149	Nonpriority creditor's name and mailing address Osborne E. Smith Dennier Financial Management 383 Marshall Ave. Saint Louis, MO 63119 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$103.45
3.150	Nonpriority creditor's name and mailing address Paul Coffey c/o Derrick Luck 2400 Dundas St., W #6 Mississauga, ON L5K2R8 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$234.05

Debtor	Photo File LLC Name	Case number (if known)	20-11619-abl
3.151	Nonpriority creditor's name and mailing address Paul Costello 251 Woodview Dr Paducah, KY 42003 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,669.56
3.152	Nonpriority creditor's name and mailing address Personalities & Promotions Int'l Inc. 15660 Dallas Parkway, Suite 1250 Dallas, TX 75248 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$107.87
3.153	Nonpriority creditor's name and mailing address PEY DIRT, INC. 1700 Broadway; 29th Floor New York, NY 10019 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$253.54
3.154	Nonpriority creditor's name and mailing address Phil Esposito c/o Mark Esposito 418 55th. Avenue Saint Petersburg, FL 33706 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$77.50
3.155	Nonpriority creditor's name and mailing address Philadelphia Eagles 1 Nova Care Way Philadelphia, PA 19145 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$76.86
3.156	Nonpriority creditor's name and mailing address Phoenix Mechanical Corp. c/o Doug Budney 26 Vreeland Avenue, Suite B Elmsford, NY 10523 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$529.29
3.157	Nonpriority creditor's name and mailing address Photo File Fulfillment 333 N Bedford Rd., Suite 130 Mount Kisco, NY 10549-1159 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,139.20

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Debtor	Photo File LLC Name	Case number (if known)	20-11619-abl
3.158	Nonpriority creditor's name and mailing address Pitney Bowes Global Financial Svcs PO Box 371887 Pittsburgh, PA 15250-7887 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$727.26
3.159	Nonpriority creditor's name and mailing address Pitney Bowes Purchase Power PO Box 371874 Pittsburgh, PA 15250-7874 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,222.78
3.160	Nonpriority creditor's name and mailing address PNC Bank c/o FedEx Custom Critical Lockbox Number 645123 500 1st Avenue Pittsburgh, PA 15219 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,619.50
3.161	Nonpriority creditor's name and mailing address Porter Capital Corporation 2112 1st Avenue North Birmingham, AL 35203 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown
3.162	Nonpriority creditor's name and mailing address Pratt Corrugated Holdings, Inc. PO Box 933949 Atlanta, GA 31193-3949 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$9,600.14
3.163	Nonpriority creditor's name and mailing address Prime Time Media Ventures c/o Deion Sanders P.O. Box 1056 Prosper, TX 75078 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$227.00
3.164	Nonpriority creditor's name and mailing address Principal Financial Group 111 West State Street Mason City, IA 50401 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$8,527.20

Debtor	Photo File LLC Name	Case number (if known)	20-11619-abl
3.165	Nonpriority creditor's name and mailing address Prints Charming, LLC PO Box 425 Lake Park, IA 51347 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$47,359.32
3.166	Nonpriority creditor's name and mailing address Priority 1, Inc. P.O. Box 840808 Dallas, TX 75284-8035 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,231.85
3.167	Nonpriority creditor's name and mailing address Pro Stars Ink LLC 6307 South Jamaica Court Englewood, CO 80111 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$180.56
3.168	Nonpriority creditor's name and mailing address Quality Saw & Knife Co., Inc. 115 Otis Street West Babylon, NY 11704 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$90.00
3.169	Nonpriority creditor's name and mailing address Randall Cunningham 380 E. Robindale Rd. Las Vegas, NV 89123 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$133.99
3.170	Nonpriority creditor's name and mailing address Randy White 5000 East FM 1461 Prosper, TX 75078 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$117.39
3.171	Nonpriority creditor's name and mailing address Rempel Design and Photo c/o Brad Rempel 2500 Perry Avenue North Minneapolis, MN 55422 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,149.60

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Debtor Name	Photo File LLC	Case number (if known)	20-11619-abl
3.172 Nonpriority creditor's name and mailing address Richard Dent 333 North Michigan Avenue Chicago, IL 60601	Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$104.80
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.173 Nonpriority creditor's name and mailing address Richard M. Gossage 35 Marland Road Colorado Springs, CO 80906	Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$122.19
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.174 Nonpriority creditor's name and mailing address Rickey Henderson 41 Starview Drive Oakland, CA 94618	Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$105.79
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.175 Nonpriority creditor's name and mailing address Ripken Baseball Schulte Sports, Inc. 1427 Clarkview Road., Suite 100 Baltimore, MD 21209	Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$129.22
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.176 Nonpriority creditor's name and mailing address Robert Gibson 215 Bellevue Blvd. South Bellevue, NE 68005	Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$109.03
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.177 Nonpriority creditor's name and mailing address Robert Leiter Photography 4141B Via Andorra Santa Barbara, CA 93110	Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,319.48
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.178 Nonpriority creditor's name and mailing address Rod Gilbert c/o Schulte Sports Marketing 8700 Snowhill Court Potomac, MD 20854	Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$87.30
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Photo File LLC	Case number (if known)	20-11619-abl
	Name _____		
3.179	Nonpriority creditor's name and mailing address Rollie Fingers c/o John Boggs & Associates 5675 Ruffin Road #350 San Diego, CA 92123	As of the petition filing date, the claim is: Check all that apply.	\$106.93
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.180	Nonpriority creditor's name and mailing address Ron Francis c/o Reich Publishing & Marketing 308 Castle Shannon Blvd. Pittsburgh, PA 15234	As of the petition filing date, the claim is: Check all that apply.	\$127.37
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.181	Nonpriority creditor's name and mailing address Ryne Sandberg c/o Turner Gary Sports 2977 Highway K, Suite 160 O Fallon, MO 63368	As of the petition filing date, the claim is: Check all that apply.	\$105.04
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.182	Nonpriority creditor's name and mailing address Sammy Sosa c/o WMG LLC At: Noeleen Meehan 10960 Wilshire Blvd., #2200 Los Angeles, CA 90024	As of the petition filing date, the claim is: Check all that apply.	\$113.26
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.183	Nonpriority creditor's name and mailing address Sara White 146 Pine Mist Drive Mooresville, NC 28117-3522	As of the petition filing date, the claim is: Check all that apply.	\$113.72
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.184	Nonpriority creditor's name and mailing address Southwest Gas 5241 Spring Mountain Road Las Vegas, NV 89146	As of the petition filing date, the claim is: Check all that apply.	Unknown
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.185	Nonpriority creditor's name and mailing address Starr Enterprises 2647 Rocky Ridge Lane Birmingham, AL 35216	As of the petition filing date, the claim is: Check all that apply.	\$333.58
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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Debtor	Photo File LLC Name	Case number (if known)	20-11619-abl
3.186	Nonpriority creditor's name and mailing address Steve Grogan PO Box 371 Mansfield, MA 02048 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$193.00
3.187	Nonpriority creditor's name and mailing address Steven Samagalo 5 Parkview Ave E. West Harrison, NY 10604 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,128.60
3.188	Nonpriority creditor's name and mailing address Stew Milne 527 River Ave. Providence, RI 02908 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$480.42
3.189	Nonpriority creditor's name and mailing address Strategic Sports Marketing LLC 180 Gordon Drive, Suite 112 Exton, PA 19341 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$316.68
3.190	Nonpriority creditor's name and mailing address Straw Marketing (Darryl Strawberry) c/o Mead Chasky Sports Ent. 70-20 108 Street, Suite 2-K Forest Hills, NY 11375 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$168.19
3.191	Nonpriority creditor's name and mailing address Tana Sales and Marketing, LLC PO Box 16630 Minneapolis, MN 55416 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$352.76
3.192	Nonpriority creditor's name and mailing address Tarkenton Group, Inc. 3340 Peachtree Road N.E. #2570 Atlanta, GA 30326 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$131.31

Debtor	Photo File LLC	Case number (if known)	20-11619-abl
	Name		
3.193	Nonpriority creditor's name and mailing address TED HALPERIN 142 HITCHING POST LANE Yorktown Heights, NY 10598	As of the petition filing date, the claim is: Check all that apply.	\$1,425.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.194	Nonpriority creditor's name and mailing address The Bravest Fund c/o Eliot Green, Esq. 345 Park Ave, Suite 1959 New York, NY 10154	As of the petition filing date, the claim is: Check all that apply.	\$222.87
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.195	Nonpriority creditor's name and mailing address The CMC Doctor 1007 South 10th Avenue Marshalltown, IA 50158	As of the petition filing date, the claim is: Check all that apply.	\$197.89
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.196	Nonpriority creditor's name and mailing address The Ditka Corporation 11 Warrington Drive Lake Bluff, IL 60044	As of the petition filing date, the claim is: Check all that apply.	\$144.62
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.197	Nonpriority creditor's name and mailing address The Douglas Clear Co., Inc. PO Box 333 Centerville, MA 02632	As of the petition filing date, the claim is: Check all that apply.	\$11,128.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.198	Nonpriority creditor's name and mailing address The Novo Agency 1537 Via Romero, Suite 100 Alamo, CA 94507	As of the petition filing date, the claim is: Check all that apply.	\$234.46
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.199	Nonpriority creditor's name and mailing address The Ohio State University Trademark and Licensing Svcs. P.O. Box 71-1760 Columbus, OH 43271-1760	As of the petition filing date, the claim is: Check all that apply.	\$1,285.36
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Photo File LLC	Case number (if known)	20-11619-abl
	Name _____		
3.200	Nonpriority creditor's name and mailing address The Saint Andrew's Golf Club 10 Old Jackson Avenue Hastings on Hudson, NY 10706	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,587.05
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.201	Nonpriority creditor's name and mailing address Tom Weiner 1166 Lenape Way Scotch Plains, NJ 07076	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$12,000.00
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.202	Nonpriority creditor's name and mailing address Trans-Consolidated Distributors, Inc PO Box 5062 Chatsworth, CA 91313	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,241.60
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.203	Nonpriority creditor's name and mailing address UL Verification Services Inc. 62045 Collections Center Drive Chicago, IL 60693-0620	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$678.00
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.204	Nonpriority creditor's name and mailing address Uline Attn: Accounts Receivable PO Box 88741 Chicago, IL 60680-1741	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,083.77
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.205	Nonpriority creditor's name and mailing address United Healthcare Insurance Co. UHS Premium Billing PO BOX 94017 Palatine, IL 60094-4017	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$738.37
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.206	Nonpriority creditor's name and mailing address United Parcel Service PO Box 7247-0244 Philadelphia, PA 19170-0001	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$7,609.56
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Photo File LLC Name	Case number (if known)	20-11619-abl
3.207	Nonpriority creditor's name and mailing address United Parcel Service P.O. Box 809488 Chicago, IL 60680-9488 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,334.91
3.208	Nonpriority creditor's name and mailing address University of Iowa Trademark Licensing Program 310 KHF Building 446 Iowa City, IA 52242 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$157.16
3.209	Nonpriority creditor's name and mailing address UPS Freight PO Box 650690 Dallas, TX 75265-0690 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$698.42
3.210	Nonpriority creditor's name and mailing address Verizon PO Box 15124 Albany, NY 12212-5124 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,371.60
3.211	Nonpriority creditor's name and mailing address Verizon Wireless 1095 Avenue of the Americas New York, NY 10036 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.212	Nonpriority creditor's name and mailing address Vincent E. Jackson 1521 Ridgeland Road West Mobile, AL 36695 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$503.57
3.213	Nonpriority creditor's name and mailing address VIP Sports Photos Inc c/o Sharon Reeves 322 W. Washington Avenue Zeeland, MI 49464 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,531.37

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Debtor	Photo File LLC Name	Case number (if known)	20-11619-abl
3.214	Nonpriority creditor's name and mailing address W.B. Mason Co., Inc. PO Box 981101 Boston, MA 02298-1101 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,413.08
3.215	Nonpriority creditor's name and mailing address Walter & Connie Payton Foundation Estate of W. Payton 1905 Marketview Drive # 234 Yorkville, IL 60560 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$431.87
3.216	Nonpriority creditor's name and mailing address WHCC 2840 Lone Oak Pkwy Saint Paul, MN 55121 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$89,481.04
3.217	Nonpriority creditor's name and mailing address Windstream PO Box 9001013 Louisville, KY 40290-1013 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,117.32
3.218	Nonpriority creditor's name and mailing address Windstream 4001 N. Rodney Parham Road Little Rock, AR 72212 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.219	Nonpriority creditor's name and mailing address Woodbury Systems Group PO Box 346 Plainview, NY 11803 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,750.00
3.220	Nonpriority creditor's name and mailing address Xerox Corporation PO Box 827598 Philadelphia, PA 19182-7598 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,110.57

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Debtor	Photo File LLC	Case number (if known)	20-11619-abl
Name			
3.221	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	
Zarrilli Photography c/o Mike Zarrilli 655 Maddie Way Marietta, GA 30068		<input type="checkbox"/> Contingent	\$1,439.75
Date(s) debt was incurred _____		<input type="checkbox"/> Unliquidated	
Last 4 digits of account number _____		<input type="checkbox"/> Disputed	
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5a. \$ 16,138.32

5b. Total claims from Part 2

5b. + \$ 1,749,501.88

5c. Total of Parts 1 and 2

5c. \$ 1,765,640.20

Lines 5a + 5b = 5c.

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Fill in this information to identify the case:

Debtor name **Photo File LLC**

United States Bankruptcy Court for the: DISTRICT OF NEVADA

Case number (if known) **20-11619-abl** Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

 No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form. Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **Licensing Agreement**State the term remaining **12/31/2021****ABG EPE IP LLC
1411 Broadway
New York, NY 10018-3460**

List the contract number of any government contract

2.2. State what the contract or lease is for and the nature of the debtor's interest **Security**

State the term remaining

**All Time Detection
28 Willett Ave.
Port Chester, NY 10573**

List the contract number of any government contract

2.3. State what the contract or lease is for and the nature of the debtor's interest **Phone**

State the term remaining

**CenturyLink
PO Box 4300
Carol Stream, IL 60197-4300**

List the contract number of any government contract

2.4. State what the contract or lease is for and the nature of the debtor's interest **Utility**

State the term remaining

**City Carting & Recycling
PO Box 17250
Stamford, CT 06907-7250**

List the contract number of any government contract

Debtor 1 **Photo File LLC**

First Name Middle Name

Last Name

Case number (*if known*) **20-11619-abl****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.5.	State what the contract or lease is for and the nature of the debtor's interest	Standard Retail Product License Agreement	
	State the term remaining	9/30/2020	Collegiate Licensing Company, LLC 1075 Peachtree St NE Ste 3300 Atlanta, GA 30309-3981
	List the contract number of any government contract		
2.6.	State what the contract or lease is for and the nature of the debtor's interest	Utility	
	State the term remaining		Con Edison 4 Irving Place Rm 1875 New York, NY 10003
	List the contract number of any government contract		
2.7.	State what the contract or lease is for and the nature of the debtor's interest	Utility	
	State the term remaining		CyberSource Corporation PO BOX 742842 Los Angeles, CA 90074
	List the contract number of any government contract		
2.8.	State what the contract or lease is for and the nature of the debtor's interest	Utility	
	State the term remaining		Diamond Solar IV c/o Diamond Properties 333 N. Bedford Road Mount Kisco, NY 10549
	List the contract number of any government contract		
2.9.	State what the contract or lease is for and the nature of the debtor's interest	Licensing Agreement	
	State the term remaining	12/31/2021	Elvis Presley Enterprises, LLC 3734 Elvis Presley Boulevard Memphis, TN 38116
	List the contract number of any government contract		
2.10.	State what the contract or lease is for and the nature of the debtor's interest	Fanatics NFLPA Sublicense Agreement	
	State the term remaining	2/28/2021	Fanatics, Inc. 8100 Nations Way Jacksonville, FL 32256
	List the contract number of any government contract		

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Debtor 1 **Photo File LLC**

First Name Middle Name

Last Name

Case number (*if known*) **20-11619-abl****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract _____

2.11. State what the contract or lease is for and the nature of the debtor's interest

**Consumer Product
Retail License
Agreement**

State the term remaining _____

List the contract number of any government contract _____

**Fermata Partners LLC
1440 Dutch Valley Place, Ste 101
Mount Kisco, NY 10549**

2.12. State what the contract or lease is for and the nature of the debtor's interest

Internet

State the term remaining _____

List the contract number of any government contract _____

**FIOS
1095 Avenue of the Americas
New York, NY 10036**

2.13. State what the contract or lease is for and the nature of the debtor's interest

Utilities

State the term remaining _____

List the contract number of any government contract _____

**Las Vegas Valley Water District
1001 S. Valley View Blvd.
Las Vegas, NV 89153**

2.14. State what the contract or lease is for and the nature of the debtor's interest

AgreementState the term remaining **12/31/2021**

List the contract number of any government contract _____

**Learfield Licensing Partners, LLC
Agent for National Baseball Hall of Fame
8900 Keystone Crossing, 605
Indianapolis, IN 46240**

2.15. State what the contract or lease is for and the nature of the debtor's interest

**Standard Licensing
Agreement**State the term remaining **6/30/2020**

List the contract number of any government contract _____

**Learfield Licensing Partners, LLC
8900 Keystone Crossing, 605
Indianapolis, IN 46240**

2.16. State what the contract or lease is for and the nature of the debtor's interest

License Agreement**Major League Baseball Players Assn.
12 E. 49th Street
New York, NY 10017**

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Debtor 1 **Photo File LLC**

First Name _____

Middle Name _____

Last Name _____

Case number (if known) **20-11619-abl****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining **12/31/2020**

List the contract number of any government contract _____

2.17. State what the contract or lease is for and the nature of the debtor's interest
License Agreement
Contract No. ML-1023N

State the term remaining **12/31/2022**

List the contract number of any government contract _____

Major League Baseball Properties
Attn: Royalty Dept
245 Park Avenue, 34th flr
New York, NY 10167

2.18. State what the contract or lease is for and the nature of the debtor's interest
License Agreement
Contract No. ML-5108

State the term remaining **12/31/2023**

List the contract number of any government contract _____

Major League Baseball Properties
Attn: Royalty Dept
245 Park Avenue, 34th flr
New York, NY 10167

2.19. State what the contract or lease is for and the nature of the debtor's interest
License Agreement
(Contract No. 14677)

State the term remaining **3/31/2021**

List the contract number of any government contract _____

Marvel Brands, LLC
c/o Marvel Entertainment LLC
135 W. 50th Street, 7th Floor
New York, NY 10020

2.20. State what the contract or lease is for and the nature of the debtor's interest
License Agreement

State the term remaining **6/30/2020**

List the contract number of any government contract _____

National Hockey League Players Assn
10 Bay Street, Suite 1200
Toronto, ON

2.21. State what the contract or lease is for and the nature of the debtor's interest
Premium Master License Agreement

State the term remaining **3/31/2021**

List the contract number of any government contract _____

NFL International LLC
345 Park Avenue
New York, NY 10154

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Debtor 1 **Photo File LLC**
 First Name _____ Middle Name _____ Last Name _____

Case number (if known) **20-11619-abl****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.22. State what the contract or lease is for and the nature of the debtor's interest **License Agreement**

State the term remaining **3/31/2021**

List the contract number of any government contract _____

NFL International, LLC
 345 Park Avenue
 New York, NY 10154

2.23. State what the contract or lease is for and the nature of the debtor's interest **Hall of Fame License Agreement Program**

State the term remaining **3/31/2020**

List the contract number of any government contract _____

NFL Properties LLC
 345 Park Avenue
 New York, NY 10154

2.24. State what the contract or lease is for and the nature of the debtor's interest **Premium Master License Agreement**

State the term remaining **3/31/2021**

List the contract number of any government contract _____

NFL Properties LLC
 345 Park Avenue
 New York, NY 10154

2.25. State what the contract or lease is for and the nature of the debtor's interest **Amended and Restated License Agreement Program No. 51327**

State the term remaining **3/31/2023**

List the contract number of any government contract _____

NFL Properties LLC
 345 Park Avenue
 New York, NY 10145

2.26. State what the contract or lease is for and the nature of the debtor's interest **Retail License Agreement License No. 100194**

State the term remaining **6/30/2020**

List the contract number of any government contract _____

NHL Enterprises Canada LP
 1185 Avenue of the Americas
 New York, NY 10036

2.27. State what the contract or lease is for and the nature of the debtor's interest **Retail License Agreement License No. 100194**

State the term remaining **6/30/2020**

List the contract number of any government contract _____

NHL Enterprises L.P.
 1185 Avenue of the Americas
 New York, NY 10036

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Debtor 1 **Photo File LLC**

First Name Middle Name

Last Name

Case number (if known) **20-11619-abl****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract _____

2.28. State what the contract or lease is for and the nature of the debtor's interest
Utilities

State the term remaining _____

List the contract number of any government contract _____

NV Energy
6226 W. Sahara Ave.
Las Vegas, NV 891462.29. State what the contract or lease is for and the nature of the debtor's interest
Utilities

State the term remaining _____

List the contract number of any government contract _____

Southwest Gas
5241 Spring Mountain Road
Las Vegas, NV 891462.30. State what the contract or lease is for and the nature of the debtor's interest
Standard License AgreementState the term remaining **6/30/2020**

List the contract number of any government contract _____

The Ohio State University
190 N. Oval Mall
Columbus, OH 432102.31. State what the contract or lease is for and the nature of the debtor's interest
Phone

State the term remaining _____

List the contract number of any government contract _____

Verizon Wireless
1095 Avenue of the Americas
New York, NY 100362.32. State what the contract or lease is for and the nature of the debtor's interest
Internet

State the term remaining _____

List the contract number of any government contract _____

Windstream
PO Box 9001013
Louisville, KY 40290-10132.33. State what the contract or lease is for and the nature of the debtor's interest
License Agreement**Zambrini LLC**
5222 N. LeClaire Ave.
Chicago, IL 60630

DocuSign Envelope ID: E3F0FE70-4B23-4F81-86E0-9A545C5BDBC8

Debtor 1 **Photo File LLC**

First Name _____ Middle Name _____ Last Name _____

Case number (*if known*) **20-11619-abl****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining **12/31/2023**

List the contract number of any government contract _____

DocuSign Envelope ID: E3F0FE70-4B23-4F81-86E0-9A545C5BDBC8

Fill in this information to identify the case:

Debtor name Photo File LLCUnited States Bankruptcy Court for the: DISTRICT OF NEVADACase number (if known) 20-11619-abl Check if this is an amended filing

Official Form 206H Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
 Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor*

	Name	Mailing Address	Name	Check all schedules that apply:
2.1	Globe Photo Inc.	333 N Bedford Rd., Suite 130 Mount Kisco, NY 10549-1159	Alan Trammell	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.3</u> <input type="checkbox"/> G _____
2.2	Globe Photo Inc.	333 N Bedford Rd., Suite 130 Mount Kisco, NY 10549-1159	Albert W. Kaline	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.4</u> <input type="checkbox"/> G _____
2.3	Globe Photo Inc.	333 N Bedford Rd., Suite 130 Mount Kisco, NY 10549-1159	Bob Lilly	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.16</u> <input type="checkbox"/> G _____
2.4	Globe Photo Inc.	333 N Bedford Rd., Suite 130 Mount Kisco, NY 10549-1159	Carl Yastrzemski	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.22</u> <input type="checkbox"/> G _____
2.5	Globe Photo Inc.	333 N Bedford Rd., Suite 130 Mount Kisco, NY 10549-1159	Commerce Technologies, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.32</u> <input type="checkbox"/> G _____

Debtor Photo File LLCCase number (if known) 20-11619-abl**Additional Page to List More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.
Column 1: Codebtor *Column 2: Creditor*

2.6	Globe Photo Inc. 333 N Bedford Rd.,Suite 130 Mount Kisco, NY 10549-1159	Dave Robinson	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.41</u> <input type="checkbox"/> G _____
2.7	Globe Photo Inc. 333 N Bedford Rd.,Suite 130 Mount Kisco, NY 10549-1159	Don Larsen	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.46</u> <input type="checkbox"/> G _____
2.8	Globe Photo Inc. 333 N Bedford Rd.,Suite 130 Mount Kisco, NY 10549-1159	Drew Bledsoe	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.49</u> <input type="checkbox"/> G _____
2.9	Globe Photo Inc. 333 N Bedford Rd.,Suite 130 Mount Kisco, NY 10549-1159	Ed Jones	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.53</u> <input type="checkbox"/> G _____
2.10	Globe Photo Inc. 333 N Bedford Rd.,Suite 130 Mount Kisco, NY 10549-1159	Edgar Martinez	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.54</u> <input type="checkbox"/> G _____
2.11	Globe Photo Inc. 333 N Bedford Rd.,Suite 130 Mount Kisco, NY 10549-1159	Edward Scott Yates	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.55</u> <input type="checkbox"/> G _____
2.12	Globe Photo Inc. 333 N Bedford Rd.,Suite 130 Mount Kisco, NY 10549-1159	Fuji Hunt Photographic Chemicals, Inc.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.75</u> <input type="checkbox"/> G _____
2.13	Globe Photo Inc. 333 N Bedford Rd.,Suite 130 Mount Kisco, NY 10549-1159	Gale Sayers	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.77</u> <input type="checkbox"/> G _____

Debtor Photo File LLCCase number (if known) 20-11619-abl**Additional Page to List More Codebtors**Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.
Column 1: Codebtor Column 2: Creditor

2.14	Globe Photo Inc. 333 N Bedford Rd., Suite 130 Mount Kisco, NY 10549-1159	Gale Sayers	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.78</u> <input type="checkbox"/> G _____
2.15	Globe Photo Inc. 333 N Bedford Rd., Suite 130 Mount Kisco, NY 10549-1159	Gerald Cheevers	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.79</u> <input type="checkbox"/> G _____
2.16	Globe Photo Inc. 333 N Bedford Rd., Suite 130 Mount Kisco, NY 10549-1159	Gino Cappelletti	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.81</u> <input type="checkbox"/> G _____
2.17	Globe Photo Inc. 333 N Bedford Rd., Suite 130 Mount Kisco, NY 10549-1159	Jack Youngblood	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.92</u> <input type="checkbox"/> G _____
2.18	Globe Photo Inc. 333 N Bedford Rd., Suite 130 Mount Kisco, NY 10549-1159	Jerry Koosman	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.96</u> <input type="checkbox"/> G _____
2.19	Globe Photo Inc. 333 N Bedford Rd., Suite 130 Mount Kisco, NY 10549-1159	Jerry Rice	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.97</u> <input type="checkbox"/> G _____
2.20	Globe Photo Inc. 333 N Bedford Rd., Suite 130 Mount Kisco, NY 10549-1159	Jim Plunkett	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.99</u> <input type="checkbox"/> G _____
2.21	Globe Photo Inc. 333 N Bedford Rd., Suite 130 Mount Kisco, NY 10549-1159	Joe Carter	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.101</u> <input type="checkbox"/> G _____

Debtor Photo File LLCCase number (if known) 20-11619-abl**Additional Page to List More Codebtors**Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.
Column 1: Codebtor Column 2: Creditor

2.22	Globe Photo Inc.	333 N Bedford Rd.,Suite 130 Mount Kisco, NY 10549-1159	Joe Greene	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.102</u> <input type="checkbox"/> G _____
2.23	Globe Photo Inc.	333 N Bedford Rd.,Suite 130 Mount Kisco, NY 10549-1159	John H. Lambert	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.103</u> <input type="checkbox"/> G _____
2.24	Globe Photo Inc.	333 N Bedford Rd.,Suite 130 Mount Kisco, NY 10549-1159	John M. Rivers	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.104</u> <input type="checkbox"/> G _____
2.25	Globe Photo Inc.	333 N Bedford Rd.,Suite 130 Mount Kisco, NY 10549-1159	Johnny Bench	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.105</u> <input type="checkbox"/> G _____
2.26	Globe Photo Inc.	333 N Bedford Rd.,Suite 130 Mount Kisco, NY 10549-1159	Keith Hernandez	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.109</u> <input type="checkbox"/> G _____
2.27	Globe Photo Inc.	333 N Bedford Rd.,Suite 130 Mount Kisco, NY 10549-1159	Ken Griffey, Jr.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.110</u> <input type="checkbox"/> G _____
2.28	Globe Photo Inc.	333 N Bedford Rd.,Suite 130 Mount Kisco, NY 10549-1159	Lee Smith	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.116</u> <input type="checkbox"/> G _____
2.29	Globe Photo Inc.	333 N Bedford Rd.,Suite 130 Mount Kisco, NY 10549-1159	Lindenmeyr Munroe	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.119</u> <input type="checkbox"/> G _____

Debtor Photo File LLCCase number (if known) 20-11619-abl**Additional Page to List More Codebtors**Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.
Column 1: Codebtor Column 2: Creditor

2.30	Globe Photo Inc. 333 N Bedford Rd., Suite 130 Mount Kisco, NY 10549-1159	LSQ Funding Group, L.C.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.121</u> <input type="checkbox"/> G _____
2.31	Globe Photo Inc. 333 N Bedford Rd., Suite 130 Mount Kisco, NY 10549-1159	Manny Flores	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.124</u> <input type="checkbox"/> G _____
2.32	Globe Photo Inc. 333 N Bedford Rd., Suite 130 Mount Kisco, NY 10549-1159	Mike Mussina	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.129</u> <input type="checkbox"/> G _____
2.33	Globe Photo Inc. 333 N Bedford Rd., Suite 130 Mount Kisco, NY 10549-1159	Neal Broten	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.135</u> <input type="checkbox"/> G _____
2.34	Globe Photo Inc. 333 N Bedford Rd., Suite 130 Mount Kisco, NY 10549-1159	Paul Coffey	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.150</u> <input type="checkbox"/> G _____
2.35	Globe Photo Inc. 333 N Bedford Rd., Suite 130 Mount Kisco, NY 10549-1159	Paul Costello	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.151</u> <input type="checkbox"/> G _____
2.36	Globe Photo Inc. 333 N Bedford Rd., Suite 130 Mount Kisco, NY 10549-1159	Phil Esposito	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.154</u> <input type="checkbox"/> G _____
2.37	Globe Photo Inc. 333 N Bedford Rd., Suite 130 Mount Kisco, NY 10549-1159	Porter Capital Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.161</u> <input type="checkbox"/> G _____

Debtor **Photo File LLC**Case number (*if known*) **20-11619-abl****Additional Page to List More Codebtors**Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.
Column 1: Codebtor Column 2: Creditor

2.38	Globe Photo Inc.	333 N Bedford Rd.,Suite 130 Mount Kisco, NY 10549-1159	Randy White	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.170</u> <input type="checkbox"/> G _____
2.39	Globe Photo Inc.	333 N Bedford Rd.,Suite 130 Mount Kisco, NY 10549-1159	Richard Dent	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.172</u> <input type="checkbox"/> G _____
2.40	Globe Photo Inc.	333 N Bedford Rd.,Suite 130 Mount Kisco, NY 10549-1159	Richard M. Gossage	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.173</u> <input type="checkbox"/> G _____
2.41	Globe Photo Inc.	333 N Bedford Rd.,Suite 130 Mount Kisco, NY 10549-1159	Rickey Henderson	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.174</u> <input type="checkbox"/> G _____
2.42	Globe Photo Inc.	333 N Bedford Rd.,Suite 130 Mount Kisco, NY 10549-1159	Ripken Baseball	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.175</u> <input type="checkbox"/> G _____
2.43	Globe Photo Inc.	333 N Bedford Rd.,Suite 130 Mount Kisco, NY 10549-1159	Robert Gibson	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.176</u> <input type="checkbox"/> G _____
2.44	Globe Photo Inc.	333 N Bedford Rd.,Suite 130 Mount Kisco, NY 10549-1159	Rod Gilbert	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.178</u> <input type="checkbox"/> G _____
2.45	Globe Photo Inc.	333 N Bedford Rd.,Suite 130 Mount Kisco, NY 10549-1159	Sara White	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.183</u> <input type="checkbox"/> G _____

Debtor **Photo File LLC**Case number (if known) **20-11619-abl****Additional Page to List More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.
 Column 1: Codebtor Column 2: Creditor

2.46	Globe Photo Inc. 333 N Bedford Rd.,Suite 130 Mount Kisco, NY 10549-1159	Steve Grogan	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.186</u> <input type="checkbox"/> G _____
2.47	Globe Photo Inc. 333 N Bedford Rd.,Suite 130 Mount Kisco, NY 10549-1159	Steven Samagaio	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.187</u> <input type="checkbox"/> G _____
2.48	Globe Photo Inc. 333 N Bedford Rd.,Suite 130 Mount Kisco, NY 10549-1159	Stew Milne	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.188</u> <input type="checkbox"/> G _____
2.49	Globe Photo Inc. 333 N Bedford Rd.,Suite 130 Mount Kisco, NY 10549-1159	TED HALPERIN	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.193</u> <input type="checkbox"/> G _____
2.50	Globe Photo, Inc. 333 N Bedford Rd.,Suite 130 Mount Kisco, NY 10549-1159	Tom Weiner	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.201</u> <input type="checkbox"/> G _____

Fill in this information to identify the case:

Debtor name Photo File LLC

United States Bankruptcy Court for the: DISTRICT OF NEVADA

Case number (if known) 20-11619-abl

Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets—Real and Personal Property (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
- Schedule H: Codebtors (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)
- Amended Schedule
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on April 2, 2020

X

DocuSigned by:

Stuart Scheinman

FBD2ACE33AD54F6

Signature of individual signing on behalf of debtor

Stuart Scheinman

Printed name

Authorized Signatory

Position or relationship to debtor